

**Waldorf School of Bend (WSB)
Application for Summer Program Enrollment & Financial Agreement (2018)**

Child's Name _____

Summer Program 2018:

<u>Week</u>	<u>Early -Bird Cost</u> (Before 4/20)	<u>Post 4/20 Cost</u>
___ 9 July - 13 July	\$250.00	\$275.00
___ 16 July – 20 July	\$250.00	\$275.00
___ 23 July – 27 July	\$250.00	\$275.00
___ 30 July – 3 August	\$250.00	\$275.00

Admin use only
Total cost (circle method below)
 \$ _____ (cash, check, *credit/debit)
 _____ Paid date
 _____ WSB initials

*Credit/debit information (only required if manually entered by WSB staff):

Name on card:

16 digit card #:

Expiration Mo/Yr:

3 or 4 digit security code on back of card:

Billing zip code:

Additional Terms and Conditions:

Weekly payments: **Weekly program fees are due in full at the time of registration** by cash, money order, check or credit/debit. Checks/money orders should be made out to Waldorf School of Bend. Credit/debit card charges incur a 2.85% admin fee to swipe in-person and a 3.6% admin fee if we enter card information manually. If your check or credit/debit card payment is returned or denied for any reason, you will be charged a \$25 returned/denied payment fee.

Refunds: Program fees, minus a \$75 administrative processing fee, will be granted if we are notified prior June 1, 2018. Program fees are not refunded/pro-rated for participants who miss portions of programs.

Minimum Attendance: When families enroll child/children they are committing to a minimum of one week of attendance. Shorter durations are not offered.

Packing:

Snacks/lunch: Please pack snacks and lunches for your children. Additional snacks and food will be available as creative cooking and food preparation are part of several themed weeks.

Water: Please ensure you pack water bottle every day for your child.

Clothing: Children should wear clothing designed for play, activities and ease of movement. Parents may want to consider packing an extra pair of shorts/shirt for the week as water play and art activities may warrant a change of clothing during a day.

Sun protection: Please pack a sunhat and sunscreen.

I have read the Application for Summer Program Enrollment & Financial Agreement 2018, understand and agree to all of its terms, and acknowledge that I am financially responsible for the total program fees as specified, as well as any additional charges incurred.

Parent/Guardian Signature Print Name Date

Parent/Guardian Signature Print Name Date

WSB Representative Signature Print Name Date

Mailing address:
Waldorf School of Bend
2150 NE Studio Rd., Ste 2
Bend, OR 97701

Fax number:
(541) 330-9713

E-mail:
info@bendwaldorf.com

Questions:
Contact Sarah Rucker
(541) 330-8841
srucker@bendwaldorf.com

**Waldorf School of Bend
Emergency Contact and Authorization Form**

Child's Name _____ Nickname _____

Birth Date _____

Parent/Guardian Contact Information:

Name _____ Relationship _____

Home Address _____

Employer/worksite/hours _____

Home phone _____ Work phone _____

Cell phone _____ Email _____

Name _____ Relationship _____

Home Address _____

Employer/worksite/hours _____

Home phone _____ Work phone _____

Cell phone _____ Email _____

Is any of this contact information confidential? If so, what? _____

We always try to contact parents first. However, we are required to have an emergency contact **OTHER THAN** parents. These persons are **authorized to pick up your child from the school**:

Name _____ Relationship _____

Home/Work phone _____ Cell phone _____

Other people authorized to pick up your child in **non-emergency** situations:

Name _____ Relationship _____

Home/Work phone _____ Cell phone _____

Name _____ Relationship _____

Home/Work phone _____ Cell phone _____

Does your child have **allergies**? ____ Yes ____ No If yes, give details: _____

Does your child have any medical/psychological/behavioral diagnosis or any known or suspected learning challenges? ____ Yes ____ No If yes, give details: _____

Other health concerns or restrictions on activities? ____ Yes ____ No If yes, give details: _____

Medical Provider _____ Phone _____

Insurance Information (if applicable) _____

Dentist _____ Phone _____

My Signature below gives permission for the following:

Medical Care: (1) In an emergency, WSB has my permission to call an ambulance or take my child to any available physician or hospital and to obtain medical treatment for my child at my expense. In most emergencies, 911 is called and the child is transported to the nearest hospital and seen by the physician on call. (Parents are always notified as soon as possible.)

(2) WSB staff may administer sunscreen and/or antibacterial first aid cream. Syrup of ipecac may be administered if deemed necessary by the poison control operator. All other non-prescription medication requires incident-specific parent/guardian permission.

(3) Administration of prescription medications by WSB staff requires a current prescription provided by the parent/guardian, as well as written authorization for each medication. WSB has my permission to administer the following prescription medications to my child: _____

Field Trips: My child may (1) be taken on field trips i.e. mountain bike excursions (by bus, van or private motor vehicle) and on neighborhood walking excursions and (2) participate in swimming or other water activities; all under required supervision. Parents will be notified in advance of all off-campus excursions except neighborhood walking excursions.

Privacy: (1) My child may be photographed for school, publicity or social media purposes. ____ Yes ____ No

Please list any restrictions on the above authorizations: _____

Parent/Guardian

Print Name

Date

Parent/Guardian

Print Name

Date